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*(Contractor must submit four copies of invoice.)*

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.  
SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.**

1. CONTRACT/PURCH ORDER NO.	2. DELIVERY ORDER NO.	3. DATE OF ORDER (YYMMDD)	4. REQUISITION/PURCH REQUEST NO.	5. PRIORITY
6. ISSUED BY CODE		7. ADMINISTERED BY (If other than 6) CODE		8. DELIVERY FOB <input type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)
9. CONTRACTOR CODE		FACILITY CODE	10. DELIVER TO FOB POINT BY (Date) (YYMMDD)	
NAME AND ADDRESS			11. MARK IF BUSINESS IS	<input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED
			12. DISCOUNT TERMS	
			13. MAIL INVOICES TO	
14. SHIP TO CODE	15. PAYMENT WILL BE MADE BY CODE		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	

16. TYPE OF ORDE	DELIVER	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.
	PURCHASE	Reference your _____ furnish the following on terms specified herein.
		<b>ACCEPTANCE.</b> THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED. SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.

NAME OF CONTRACTOR	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYMMDD)
<div> <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: </div>			

17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT

\* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.

24. UNITED STATES OF AMERICA

BY:

CONTRACTING/ORDERING OFFICER

25. TOTAL	
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29.

## DIFFERENCE

INITIALS \_\_\_\_\_

26. QUANTITY IN COLUMN 20 HAS BEEN ☐ INSPECTED ☐ RECEIVED ☐ ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED

DATE \_\_\_\_\_ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE \_\_\_\_\_

36. I certify this account is correct and proper for payment.

DATE \_\_\_\_\_ SIGNATURE AND TITLE OF CERTIFYING OFFICER \_\_\_\_\_

27. SHIP. NO.

☐ PARTIAL

110

### 31. PAYMENT

☐ COMPLETE

PARTIAL

FINAL

28. D.O. VOUCHER NO.

32. PAID BY

1

\_\_\_\_\_

41. S/R ACCOUNT NUMBER	
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33. AMOUNT VERIFIED CORRECT FOR

34. CHECK NUMBER

35. BILL OF LADING NO.

42. S/R VOUCHER NO.	
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37. RECEIVED AT

38. RECEIVED BY (Print)

39. DATE RECEIVED  
(YYMMDD)

	40. TOTAL CONTAINERS
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41. S/R ACCOUNT NUMBER	
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42. S/R VOUCHER NO.	
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